



Commonwealth Coordinated Care
Medicare & Medicaid working together for you

Cindi B. Jones, Director
Virginia Department of Medical Assistance Services

**House Appropriations: Health &
Human Resources Subcommittee**

January 27, 2015

CCC Overview

- CCC is a new **integrated care initiative** for individuals who are currently served by both Medicare and Medicaid
- **Eligibility Requirements** : 21 and over, Full Dual, Live in Demo area, includes EDCD and Nursing Facility
- Program is designed to **align the delivery and financing of care** (primary, preventive, behavioral health, and long-term services & supports) through care coordination, interdisciplinary care teams, and person-centered care plans



Care Coordination

- Unique to CCC
- Designated MMP Care Coordinator
- Care Coordinator works with beneficiary and providers to coordinate supports and services
- Care Coordinator assembles ICT
- Care Coordinator can be a resource to providers for authorizations and arranging care transitions



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Overview of CCC Benefits

Beneficiaries

- ✓ One health plan to coordinate all benefits
- ✓ One Insurance Card
- ✓ One number to call 24/7
- ✓ Designated Care Coordinator
- ✓ Streamlined Appeals
- ✓ Expanded benefits

Virginia benefits through shared Medicare Savings!

Providers

- ✓ Streamlined financing of Medicare and Medicaid services
- ✓ One card for all services
- ✓ Eliminate cost-shifting
- ✓ Eliminate duplicative services
- ✓ Care Coordination can address member medical and social needs across the care continuum, not just in provider's setting



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Benefits for Virginia

- Eliminates cost shifting
- Achieves cost savings
- Slows the rate of Medicaid cost growth for Virginia
- Reduces duplicative or unnecessary services
- Streamlines administrative burden
- Single set of quality reporting measures, appeals and auditing
- Promotes and measures improvements in quality of life and health outcomes



What Is Complete & Where Are We Going?

2013

- MOU & Competitive process for MMP selection

Summer-Fall 2013

- Multiple-step readiness reviews
- Ensure adequate provider networks

December 2013-March 2014

- Contracts signed
- Extensive systems testing

March 2014-December 2014

- Phased in Enrollment
- Outreach & Education
- Contract Monitoring
- Program Evaluation

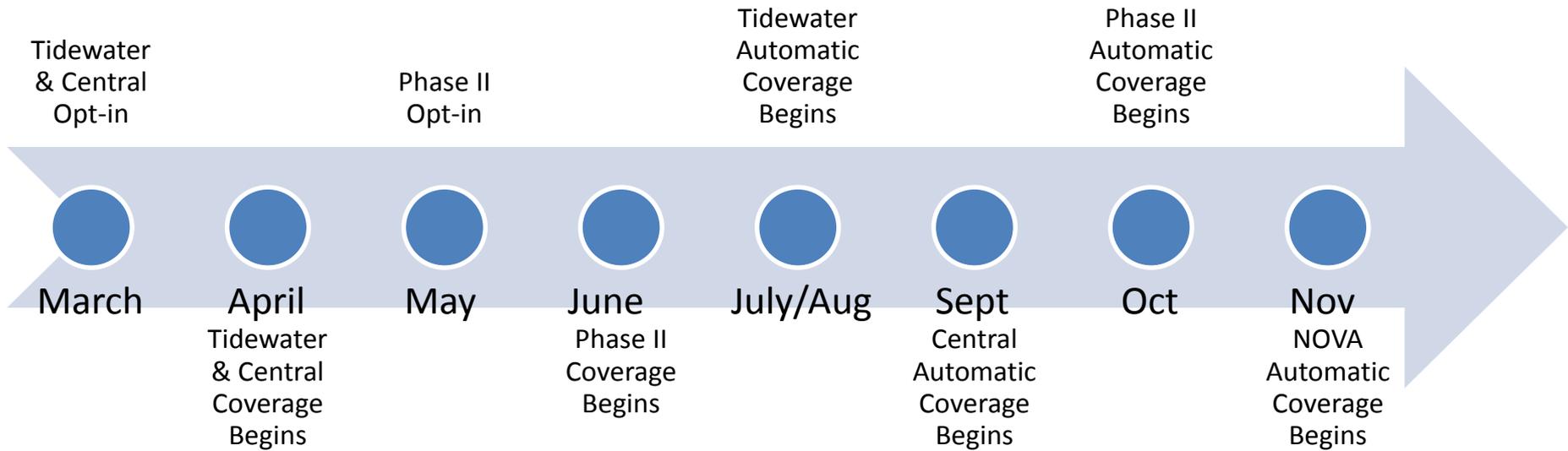
January 2015 Forward

- Beneficiaries continue with rolling automatic assignment
- Ongoing Education
- Contract Monitoring
- Increased Program Evaluation
- Quality Metrics



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2014 Enrollment Timeline



CCC Enrollment throughout 2014 Implementation

	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Enrolled	1,400	1,713	2,272	10,150	11,176	20,824	26,795	29,150	26,443
Opt-Out	1,387	3,175	6,803	9,394	12,906	18,502	21,744	22,903	24,274



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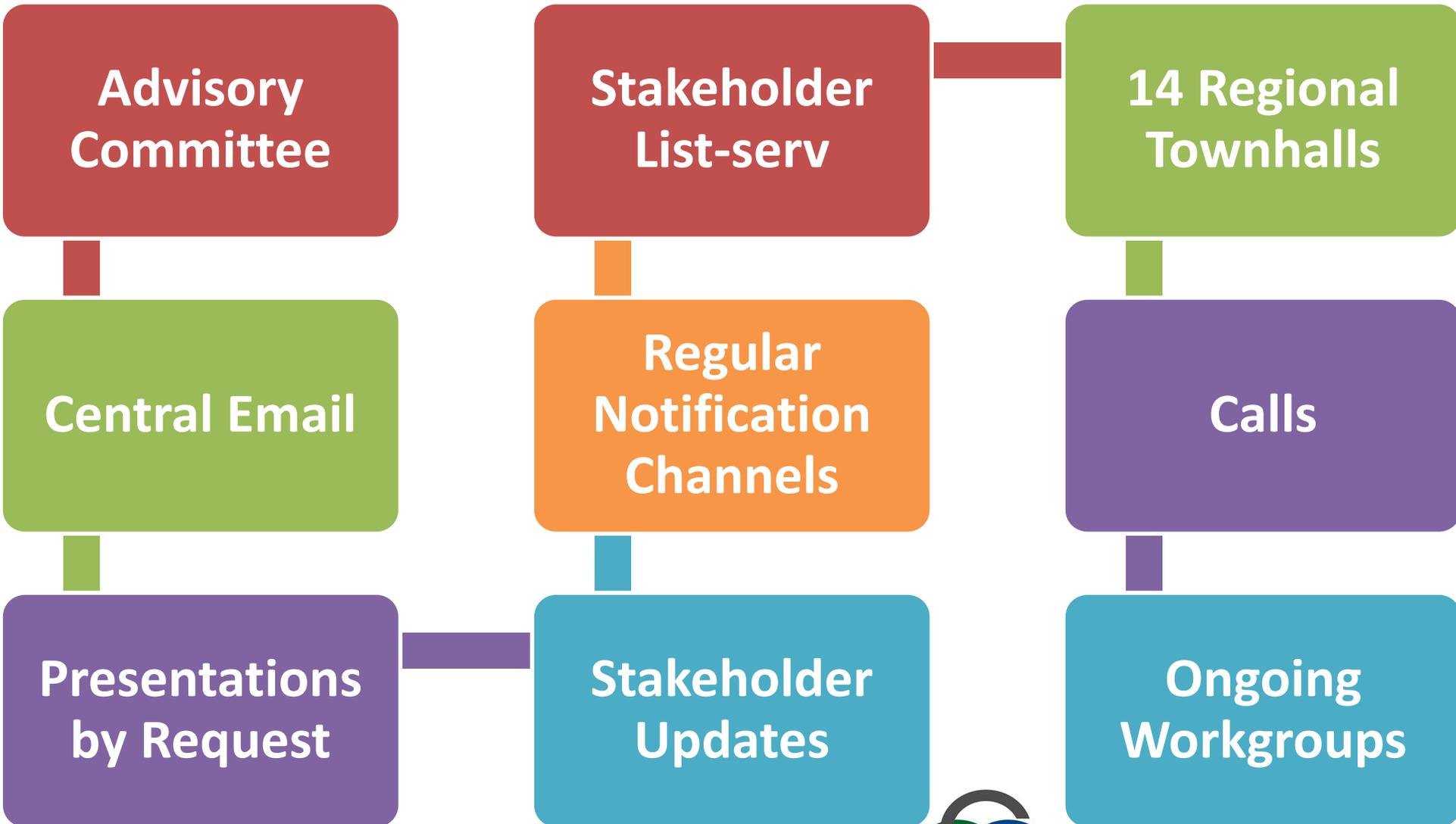
Virginia Dual Demonstration Enrollment

<div style="border: 1px solid black; padding: 5px; text-align: center;"> Total Current Enrollees 1/1/2015 27,509 </div> Health Plan Name	Active Opt-ins	Automatic Enrollments	Total
VA Premier	730	5618	6348
Healthkeepers	2139	8735	10874
Humana	1298	8989	10287
Total Members	4167	23342	27509

Note: Of those enrolled, **14%** are in a nursing facility, **10%** are receiving long-term care waiver services in the community through the Elderly and Disabled with Consumer Direction Waiver (EDCD), and **76%** are “Community Well” and not receiving waiver services.



Multi-faceted Stakeholder Engagement



Ongoing Outreach

CCC UPDATE CALLS

Every 2nd and 4th Friday

10am-11am

To join the call dial:

1-866-842-5779

Pass Code – 6657847797 #



Great forum!
Stakeholders ask
their questions and
DMAS/MMPs learn
about beneficiary &
provider experiences
with CCC

Monday Provider Calls (LTSS)		Friday Provider Calls	
Adult Day Services 2nd and 4th Monday	1:30-2p Conference Line 866-842-5779 Conference code 7143869205	Hospitals and Medical Practices 2nd and 4th Friday	11-11:30am Conference Line 866-842-5779 Conference code 8047864114
Personal Care, Home Health & Service Facilitators Weekly	2-2:30p Conference Line 866-842-5779 Conference code 8047864114	Behavioral Health Weekly	11:30am-12pm Conference Line 866-842-5779 Conference code 8047864114
Nursing Facilities Weekly	2:30-3p Conference Line 866-842-5779 Conference code 7143869205		

Administrative Tweaks

- Medicare Medicaid Plans have collaborated to minimize impact on providers
 - Agree to reciprocal acceptance of required trainings
 - VACSB Behavioral Health Forms-same as FFS
 - Accepting DMAS forms for EDCD services
 - Same fiscal employer agent (PPL) for Consumer Direction

Member Satisfaction

Before CCC, I struggled to get Mom to all of her appointments. Now her Care Coordinator **helps arrange appointments** and transportation and I have **one person to call** when changes or questions come up. Plus that person already knows Mom and **what is important to her about her care!**

One enrollee reports positive care coordination outcomes demonstrated by **significant reduction in hospital visits**. In the 90 days prior to enrollment she went to the **ER 10 times** and had **4 overnight admissions**. In the five months after enrollment she has **only 2 ER visits and 1 overnight hospital day!**

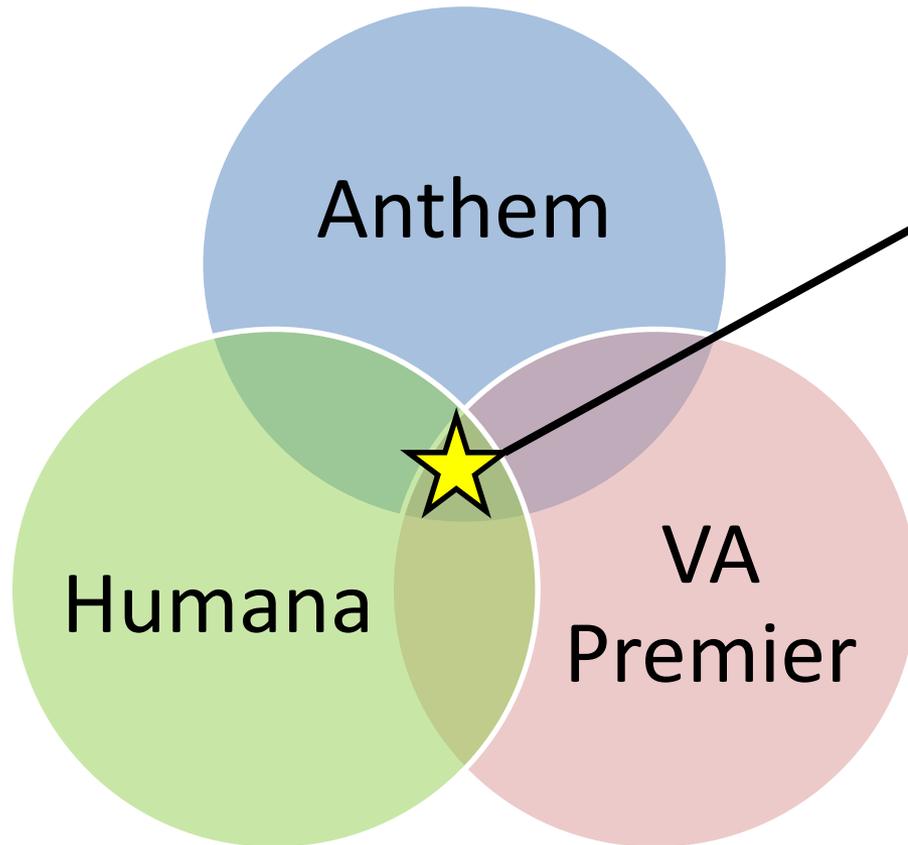


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Stakeholders Report Early Success

- Access to extra benefits like dental, vision, and wellness services
- Early intervention keeping Virginians at home
- Improving transitions between care settings
- Caring for social, emotional, and medical needs together

VA's Highly Collaborative Approach



Collaborating on:

- Outreach and Education
 - Town halls
 - Provider Calls
- Provider Behavioral Health Forms
- Required Provider Training
 - cultural competency



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Bi-Weekly Contract Monitoring Team Meetings

- CMS/DMAS Updates
- Marketing Materials
- MMP Staffing
- Provider Training & Feedback
- Network Development
- Provider Authorizations
- Issues Log
- Dashboard
- Enrollment and Disenrollment
- HRAs and POCs
- Claims Processing
- Appeals and Grievances
- Customer Service Line



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Program Challenges & Opportunities

Provider Network Adequacy

- Provider network standards have not been achieved in some localities
- Claims payments were delayed in some cases
- Network development is ongoing and CMS/DMAS are working with the MMPs to address

Protecting Beneficiary Choice

- Some providers encouraged duals to opt-out of CCC during initial stages
- DMAS works to address issue through educational meetings, newsletters, conference calls, and Medicaid memo

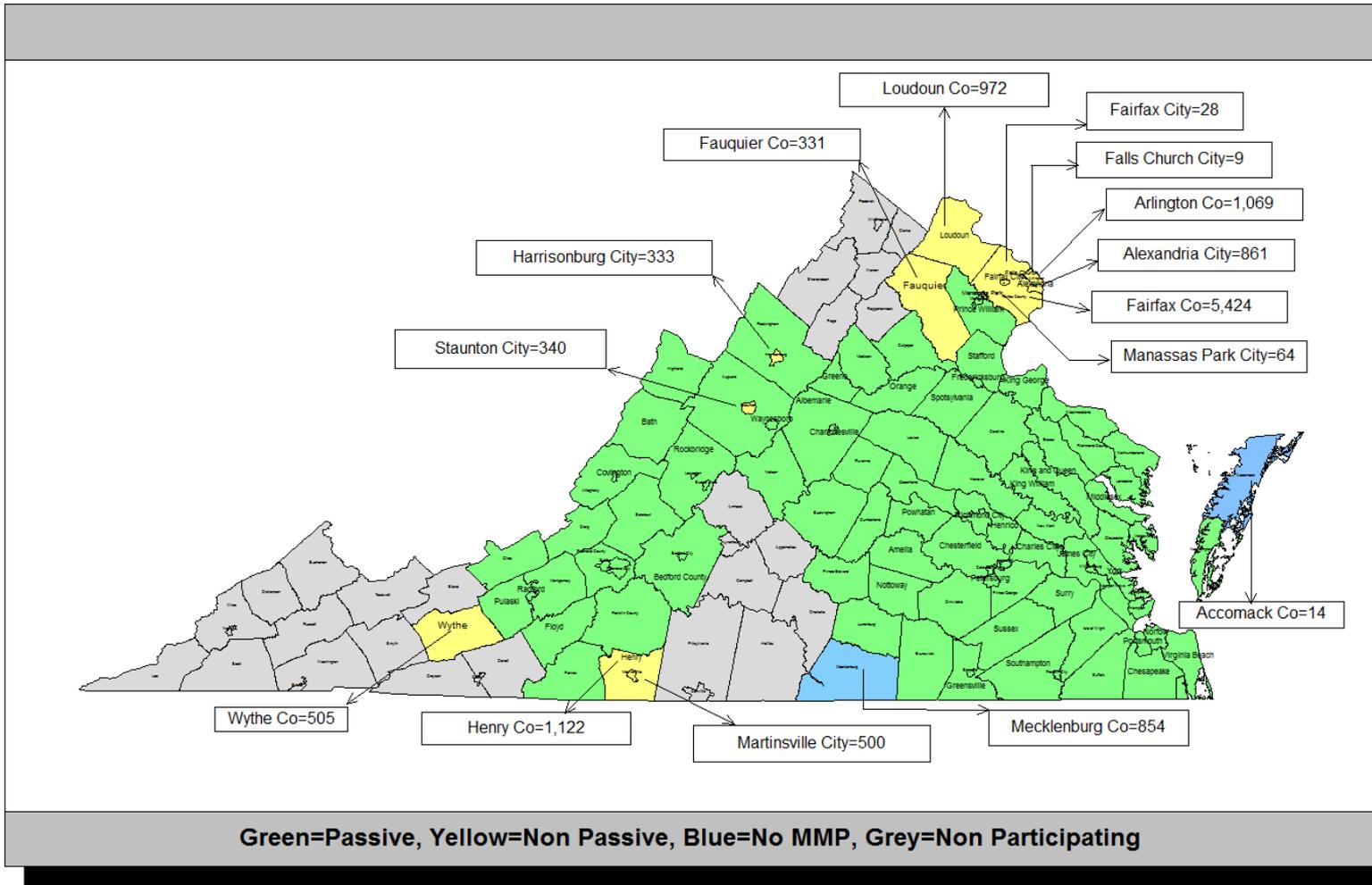
Program Challenges & Opportunities

Increasing Provider Network Participation will improve beneficiary access to care under CCC and increase locality participation/member enrollment.

The following provider networks have declined to participate with one or more health plans under CCC

Tidewater	Central	Charlottesville	Roanoke	NOVA
Chesapeake General Riverside Sentara	Centra Community Memorial Sentara	Sentara	Centra Lifepoint Sentara	INOVA Novant Sentara

CCC Potential Members



■ Single MMP Population Count

GeoAccess

Looking Ahead

- Moving the dually eligible population into Mandatory Managed Care by July 2016
 - Will share mandatory RFP for comment
- Expanding Statewide
- Outreach to those who previously opted out

**DMAS Office Of
Coordinated Care**

CCC@dmas.virginia.gov

